Model QI Reviews:
Quality Research Team's Consultation with Partnership Sites - II

Completed in 1998, this report describes four ongoing Model QI Review initiatives at three Partnership sites: ElderCare of Dane County (Madison, Community Care for the Elderly (Milwaukee), and Community Living Alliance (Madison). The report describes significant findings from each report, and provides recommendations for future studies.

Barbara J. Bowers
University of Wisconsin-Madison
School of Nursing

Sarah Esmond
University of Wisconsin-Madison
School of Nursing

For more information about this report or the Quality Research, please call:
608-263-5299

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

Introduction/Background

The Wisconsin Partnership Program's research team used much of the first three years of the project interviewing health and long term care providers, consumers, and their caregivers about consumer-centered care, the quality of acute and long term care services, and how best to provide high quality, comprehensive care to vulnerable populations. Findings from the consumer and provider interviews, as well as clinical standards of practice, were integrated to generate Model Quality Improvement (QI) Review Study guidelines [will be referred to as Model QI Reviews). These Model QI Reviews are designed to provide information to Partnership organizations about specific areas of care and service delivery (system level and direct service level) identified by BOTH providers and consumers as important to quality of care and quality of life.

In Spring 1997, the State of WI planned to announce to the Partnership program sites the guidelines for completing two annual QI studies in accordance with the Contract for Services between DHFS and each subcontracting site. ("Article III, V, Quality Improvement".) Prior to the 1997 QI study topics being announced by the State, Partnership QA/I staff in each program had already identified priority study areas of interest to their organizations. At this time, the Partnership research team had also recommended to the state that Model QI Reviews #1 (Integration of Consumer Goals) and #9 (Personal Care Services) be the recommended priority study areas for the sites in 1997. The research team selected these two areas for study because of their importance to consumers in both population groups – physically disabled and frail elderly. As it turned out, the recommendations by the research team matched exactly to the priorities of

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

the Partnership programs. Both the researchers and program staff at each Partnership site had identified these areas – integration of member goals and personal care services - as the most important and most challenging areas to study. When the state made their recommendations to sites, the Partnership Programs had already begun outlining their QI plans.

The Model QI Reviews were designed for internal use by Partnership organizations, to be conducted and used by the programs to look closely at particular care and service areas, to evaluate how they are doing, and to address any problems they discovered. The reviews were not designed for external analysis, review, or to be used as compliance measures. The Model QI Reviews offer numerous suggestions for how to conduct the study and where to focus. Each review provides a process for approaching the specific QI area, and several indicators of quality from which to conduct the study about.   For example, the QI review outline for *Identification and Integration of Enrollee/Caregiver Goals* provides 12 indicators of quality that a site may choose to conduct a review study about. It would be inappropriate to try to address more than a few of these indicators at a time.

The reviews were intended to assist Partnership organizations in improving the quality and design of their care delivery systems without being prescriptive or directive on how this should be done. It was assumed that each program would select quality indicators most relevant to their particular organization, rather than following an externally mandated format. As such, each program can design the QI study differently, specifically tailored to their needs, selecting different areas to study in depth.

In 1997, all of the Partnership Program sites focused on the 4th quality indicator of the Model QI Review #1:

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

"Plan of care (POC) reflects unique attributes, resources, preferences, biography (including spirituality) of enrollee."

In order to assure that the POC, or individualized service plan (ISP), reflected important member information, *from the perspective of the member*, sites conducted chart reviews of ISPs, but also reviewed how member information was being collected by staff members. During the course of designing their studies to address this single indicator around ISP's, the sites began to explore how they identified enrollee preferences or goals.

The results of all four Partnership QA/I studies (submitted by Community Care for the Elderly (CCE), ElderCare (EC) and Community Living Alliance (CLA)) will be reviewed in this document. CLA submitted a report on integration of member goals and a report on personal care services. The following discussion will include what specific area of care/service that each site identified as problematic and what they did to address these areas. Recommendations from the Partnership research team are also included.

Staff at all of the Partnership sites should be commended for designing such creative and thoughtful ways to address the QI care areas selected for study. It is apparent that all of the sites selected specific areas of care and service that they found challenging and difficult. They clearly did not select focused studies in areas that would simply reflect how well they provide care and services.

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

Findings

While each of the three sites approached the Model QI Reviews differently, their reports share many similar experiences and findings. Many of the findings correspond with the Partnership research findings presented in the Year II and Year III annual research reports:

#1: Identification and Integration of Enrollee/Caregiver Goals:

- A collaborative team of providers is necessary to 1) acquire the perspective of the consumer and 2) use this information for goal setting
- Member responses are effected by the type of provider asking the question as well as the relationship between the member and that provider.
- How the question is asked has consequences for the success of identifying consumer goals
- Identifying quality of life issues is extremely difficult and requires an approach to members that many health care providers are not used to
- Providers may think they have identified participant goals, but the language of the goal may actually reflect provider priorities. The language used to describe member goals can be monitored as an indicator of consumer participation.

#9: Personal Care Services
- Personal care staff involvement in care planning is critical
- Systems to elicit and integrate personal care staff feedback about the members they work with are needed

Two of the Partnership sites provided the specific questions they developed for their providers to use when questioning members (see individual site reports). These questions were

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

excellent examples of how providers can approach program members about their preferences, their desires, and their quality of life in a variety of ways. The questions addressed not only the member's experiences in a particular program and/or with particular services, but also addressed what sorts of things are most important to member's in their lives (quality of life). The responses members give to these questions should inform providers about how to appropriately approach decisionmaking around the organization of services and service delivery for that particular member.

Feedback on Specific Site Reports

Community Care for the Elderly: Model QI#1

CCE identified "a need for increased emphasis with care planning and mutual development of participant goals" as the focus for their QI study, 'Integration of Participant Wishes into the Plan of Care.' Each individual on the care team, or M-team, collected data from program participants (see report). Personal care workers were instructed to ask different questions to members than the health care providers and social worker on the M-team. Participant responses were then analyzed across provider groups, with particular focus on the responses that personal care workers received from members. (see report, p2-5).

CCE's report included an important finding related to the use of the care team to gather information about the member: program participants made requests for changes/stated preferences to M-team members *in areas of care/services that were not necessarily specific to that provider's area of expertise*, i.e., participants "told a rehab about a social work issue."   This

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

use of a team of providers to gather information from members often results in different team members getting different information from the member. This finding supports the need for organizational processes that facilitate sharing of this information across provider groups, particularly when member information is received by one provider that relevant to another provider's discipline or area of expertise.

CCE's report also identified the importance of the personal care staff in eliciting member information about their experiences in the program (p.4). The type of information collected by personal care staff included health care concerns (functioning/therapy) but primarily addressed quality of life issues (spirituality/activities) – information not typically collected by health care providers. This further supports the need for internal systems that promote the sharing of member information between providers, with particular attention to how personal care staff and team members share information.

The CCE summary included a section (E, page 5) 'Plan for Implementation of Recommendations', but there were no recommendations listed previously.

ElderCare of Dane County: Model QI #1

As part of their study, Eldercare conducted a chart review to identify whether or not member care plans (ISP) included information relevant to participant important issues. The chart review findings indicated a need for program staff to begin formally asking program participants about their preferences and goals, and to revise the POC form to include a section for "Participant Important Issues".   ElderCare's report also included the questions their providers asked to program participants (p2). These questions were excellent examples of how

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

providers can engage members in conversations about their preferences, goals, and what's important to them – in order to gain the members perspective.

The research team only had one suggested revision to the question "What things are important for you to maintain your independence?" This question assumes that maintaining independence is important to members. While this may be the case for many program participants, revising the question to ask "What things are important to you in your life?" allows for a broader range of responses, related to functioning <u>or</u> other aspects of their life that are important to them.

ElderCare's report included a copy of a WPP Protocol, *Program Operations: Individual Service Plan Development and Review.* The following comments are specific to items on the protocol:

#3: The "initial plan created by the Intake RN" referred to in #3 should be described – it's unclear to the reader what this refers to, and how it is different from the ISP that is developed by the team and the member. The research team assumes that the "initial plan" refers to the plan put in place upon the member's initial enrollment into the program to address the Member's immediate needs? The difference between the two plans should be explained if both are referred to in the protocol.

#4: The ISP should include a plan for evaluating the overall success of the ISP, i.e., how well the ISP met the health related outcomes, how well it met the Member's important issues, and the impact the ISP had on the Member's quality of life. The term "Measurable goals" should be defined and should outline how the goals will be measured, by who, and what will be done with that information.

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

#5: Suggested revision: "The plan will address the 24 hour service needs of the member while integrating and acknowledging the participant important issues."

#6: Question: Can a member initiate a review at any time?

#7: PCW/DLA input <u>must</u> be integrated into care planning and this process should be formalized.

#8: Question: What does the member's signature represent?

Community Living Alliance: #1 and #9

QA#1: Member/Caregiver Goals of the ISP

For this study, CLA identified the "need to develop ISP that reflects goals of member and the team". CLA identified several ways that Partnership staff CAN elicit member goals, assist members in developing goals, and review and revise member goals over time. This description identifies the importance of using of a variety of providers to elicit information from members. The processes described indicate how providers collect information about members, however, specifically how staff do this (the questions they ask, when, who), how members respond to these questions/approaches, and how the information collected is integrated into care planning was not reported.

QA Study #2: Personal Care

For this study, CLA identified the "need to learn how good of a job we are doing with providing attendant care in the Wisconsin Partnership Program at CLA (Access)". CLA developed a comprehensive outline of the attendant care program at CLA to address this need. The outline reflects many of the current systems in place at CLA, as well as future plans for

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

personal care staff training and evaluation. CLA identifies the need for a more formalized system to supports DLA input into the Partnership program and into care planning for the members they work with.

The personal care program CLA describes reflects a comprehensive knowledge of and appreciation for the intimate relationship that can develop between program members and the DLAs that work with them. It also identifies how CLAs Partnership program can best support that relationship. Specific suggestions/questions the research team identified included:

-5.b.: opportunities for DLAs to give feedback into the program should be formalized

-5.d.: it's unclear how signed timesheets verify 1) member input into attendant care and 2) that assigned tasks were performed

-5.d.: it's unclear how the DLA scheduler would know what Members have challenging attendant situations

8.: these will be evaluations by other staff? Self-evaluations? By member/caregivers?

9.: how is high turnover rate being address? No plan was included.

Recommendations for All Sites

Eliciting & Sharing Member Information

1.   Use the questions developed by CCE and EC to approach program members about their preferences, goals, and what they want to achieve through the Partnership Program and continue to explore the most useful ways of doing this.

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

2.   Review how member information is shared between providers, particularly information collected by personal care staff.

3.   Identify if/how sharing member information between providers makes a difference in care planning for member.

Individualized Service Plan Format

1.   Review your program's ISP forms for inclusion of a section designated for 'participant important issues.' We recommend that this information be located on the 1st page of the ISP. A 'priority' location for participant issues on the form would provide/increase visibility to member information for all staff viewing the ISP. Placing this section on the 1st page would encourage staff to view - and review – this information whenever the ISP was referred to. Familiarity with member identified issues should encourage Partnership providers to integrate these issues into their decisionmaking and/or their recommendations about the member's care or changes in the organization and/or delivery of services.

Wisconsin Partnership Program/Quality Research
B. Bowers, University of Wisconsin-Madison, School of Nursing
Model QI Reviews: Quality Research Team's Consultation with Partnership Sites, 1998

ISP Review

1) *Does the ISP reflect member perspectives? Provider perspectives? Team perspective?*

   Member important issues have been documented in ISP's as:

   > "participating as desired in coordinating medical care" or

   > "maintain independence with ADLs"

   In general, this is not the sort of language member's use when talking about their preferences, goals, concerns or what they want to achieve in the Partnership programs. These are however, commonly referred to as goals for members *from the perspective of providers*. Increased attention to this distinction, to the use of language in the ISP and which perspectives are represented, is necessary to ensure that the ISP actually reflect the preferences/desires/ goals/ important issues of the member *from the member's perspective*, not the provider.

2) **Does the ISP document 'anticipated' or 'desired' outcomes that reflect both provider (team) goals AND member preferences? How?**

3) **How is progress toward 'anticipated' or 'desired' outcomes evaluated? Is this reflected in the POC?**